

Pride in Parenting
Follow-Up Questionnaire Form

Today's Date: _____ Date Mother Enrolled: _____

_____ month day year

_____ month day year

A. HOUSEHOLD INFORMATION

A1. Do you currently ...?

- Rent your home 1
 Own your home 2
 Live with a friend or relative 3
 Live in a shelter 4 (GO TO A3a)
 Other _____ 5

A2. How many people, including yourself, currently live in your household? _____

FIRST LIST THE FIRST NAMES OF ALL PERSONS LIVING IN THE HOUSEHOLD; THEN COMPLETE PARTS a - d FOR EACH PERSON LISTED.

FIRST NAME	a. REL TO MOTHER	b. GENDER		c. AGE (years)	d. HAS THIS PERSON LIVED IN YOUR HOME SINCE BABY WAS BORN?	
		M	F		YES	NO
1.		1	2		1	2
2.		1	2		1	2
3.		1	2		1	2
4.		1	2		1	2
5.		1	2		1	2
6.		1	2		1	2
7.		1	2		1	2
8.		1	2		1	2
9.		1	2		1	2
10.		1	2		1	2
11.		1	2		1	2
12.		1	2		1	2
13.		1	2		1	2
14.		1	2		1	2

15.		1	2		1	2
-----	--	---	---	--	---	---

A3a. Have you moved at all since BABY was born?

Yes 1
 No 2 (SKIP TO A4)
 NOT SURE 8 (SKIP TO A4)

A3b. How many times have you moved? _____ (**NOT SURE = 88**)

A4. Has anyone moved out of your household since BABY was born?

Yes 1
 No 2
 NOT SURE 8

A5a. Do you have any children, under the age of 18, who live elsewhere at least part of the time (3 months out of the year or more)?

Yes 1
 No 2 (SKIP TO A6)

A5b. Do they live elsewhere part of the time, all of the time, or do you have children that live elsewhere both part of the time and all of the time?

Part of the time only 1 (ASK A5c, THEN SKIP TO A5e)
 All of the time only 2 (SKIP TO A5d)
 Both part and all of the time 3

A5c. How many children live elsewhere part of the time? _____

A5d. How many children live elsewhere all of the time? _____

A5e. With whom do they live (CIRCLE ALL THAT APPLY)?

Father 1
 Grandparent 2
 Other relative (SPECIFY)_____ 3
 Friend 4
 Foster 5
 Other(SPECIFY)_____ 6

A6. Have you been referred to Child Protection Services in the past year?

Yes 1
 No 2
 REFUSED 9

A7. Are you currently under the care of Child Protection Services?

Yes 1
 No 2
 REFUSED 9

A8. Do you or anyone who lives in your household currently receive any of these types of public assistance? (READ EACH ITEM)

	YES	NO
a. Medicaid	1	2
b. WIC	1	2
c. Food stamps	1	2
d. AFDC	1	2
e. SSI	1	2
f. disability	1	2
g. Other (SPECIFY)	1	2

A9a. Do you receive child support or alimony?

Yes 1
 No 2 (SKIP TO A10)

A9b. Is this through a court order?

Yes 1
 No 2

A10. Looking at this card, please tell me the number that best represents the total **monthly** income for everyone living in your house. (**GIVE RESPONDENT INCOME CARD**). This includes income from jobs, rent, pension, interest, social security payments, child support, and any other money income received by all members of your household.

To do this, perhaps we can think about your **MONTHLY** income and then other household members who bring in money and how much they contribute.

Under \$500	01
\$500 to \$999	02
\$1,000 to \$1,499	03
\$1,500 to \$1,999	04
\$2,000 to \$2,499	05
\$2,500 to \$2,999	06
\$3,000 to \$3,499	07
\$3,500 to \$3,999	08
\$4,000+	09
DON'T KNOW	88
REFUSED	99

B. MATERNAL INFORMATION

B1. What is your current marital status?

Married 1
Widowed 2
Divorced 3
Separated 4
Never married 5

B2a. Were you enrolled in school at any time during the past 12 months (including vocational school)?

Yes 1
No 2 (SKIP TO B3a)

B2b. What is the highest grade of school you have completed? _____

00 No School
01-12 Grade School
13-16 College
17 Graduate School
18 Technical/Trade School
88 DON'T KNOW
99 REFUSED

B2c. What is the highest educational degree you have received?

GED 1
High School 2
Associates 3
BA/BS 4
Postgraduate 5
None 6
REFUSED TO ANSWER 9

B3a. Are you currently working at a part-time or full-time job?

Yes 1
No 2 (SKIP TO B4)

B3b. What is your job title? _____

B3c. How many hours per week do you usually work? _____

B3d. Did you stay at home after your baby was born for any amount of time?

Yes 1

No 2 (SKIP TO B4)

B3e. How long did you wait after having BABY before you began working?

Less than 1 week 1
 More than 1 week, but less than 1 month 2
 More than 1 month, but less than 3 months 3
 More than 3 months, but less than 6 months 4
 More than 6 months 5
 DON'T KNOW 8
 REFUSED 9

B4. How do you usually get to friend's house, work, school, stores, etc.?

Public transportation 1
 Car/family 2
 Walk 3
 Other (**SPECIFY**) 4

C. PATERNAL INFORMATION

Now I'd like to ask you a few questions about your baby's father.

C1. How often does BABY's father see BABY?

Everyday or almost everyday (6-7 days a week) 1
 Several times a week (4-5 days a week) 2
 Couple of times a week (2-3 days a week) 3
 Once a week 4
 Less than once a week 5
 Never 6
 Father died 7
 DON'T KNOW 8
 REFUSED 9

C2a. Has BABY's father been enrolled in school at any time during the past 12 months (including vocational school)?

Yes 1
 No 2 (SKIP TO C3)
 DON'T KNOW 8
 REFUSED 9

C2b. What is the highest grade of school BABY's father has completed? _____

00	No School
01-12	Grade School
13-16	College
17	Graduate School
18	Technical/Trade School
88	DON'T KNOW
99	REFUSED

C2c. What is the highest educational degree that BABY's father has received?

GED	1
High School	2
Associates	3
BA/BS	4
Postgraduate	5
None	6
DON'T KNOW	8
REFUSED	9

C3. Is BABY's father currently working at a part-time or full-time job?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

Family Resource Specialist: _____ (please initial)

Signature of Project Coordinator: _____

Date: _____